C-IRO Inc.

An Independent Review Organization
1108 Lavaca, Suite 110-485
Austin, TX 78701
Phone: (512) 772-4390
Fax: (512) 519-7098
Email: resolutions.manager@ciro-site.com

DATE NOTICE SENT TO ALL PARTIES: Dec/01/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Occupational Therapy 3x Wk x 6 Wks, right elbow

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: DO, Board Certified Orthopedic Surgery

REVIEW OUTCOME: Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for <u>each</u> health care service in dispute. It is the opinion of this reviewer that the request for occupational Therapy 3x Wk x 6 Wks, right elbow is not indicated as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who reported multiple injuries at her right elbow, shoulder, and neck. The functional capacity evaluation dated 01/29/15 indicates the patient able to demonstrate a sedentary physical demand level. X-rays of the right elbow dated 12/09/13 revealed plates and screws as well as wires in place at the proximal right ulna. The radial head prosthesis device was identified as being in place. Mild osteoarthritic changes were identified throughout the right elbow. The clinical note dated 09/03/15 indicates the patient complaining of a burning sensation at the right elbow. The patient rated the ongoing pain as 8/10. The clinical note dated 10/06/15 indicates the patient utilizing Tramadol for ongoing pain relief.

The utilization reviews dated 09/25/14 and 10/14/15 resulted in denials as insufficient information had been submitted regarding the patient's therapeutic history involving the right elbow.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The documentation indicates the patient complaining of pain at several sites, most notably the right elbow, right shoulder, and neck. There is an indication the patient had undergone extensive therapeutic interventions in the remote past to include at least 14 therapeutic sessions. However, no information was submitted regarding the patient's objective functional improvement through the initial course of treatment. Additionally, no information was submitted regarding the patient's more recent treatments with an ongoing functional improvement.

Furthermore, it is unclear as to the total number of sessions completed as insufficient information has been submitted confirming the patient's completion of all therapeutic interventions. Given these factors, it is unclear if the patient would benefit from additional therapy at this time. Without the necessary information in place, the request is not indicated. As such, it is the opinion of this reviewer that the request for occupational Therapy 3x Wk x 6

Wks, right elbow is not indicated as medically necessary and the prior denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[ ] ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

[ ] AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

[ ] DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

[ ] EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

[ ] INTERQUAL CRITERIA

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

[ ] PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

[ ] TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

[ ] TEXAS TACADA GUIDELINES

[ ] TMF SCREENING CRITERIA MANUAL

[ ] PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)